

EXHIBIT B



MN051-B110
P.O. Box 1459
Minneapolis, MN 55440-1459

September 30, 2013



Dear Member,

We are writing to provide important information about clotting factors and coagulant blood products. These medications (see the list on the back of this page) may either be self-administered or administered with assistance from a health care professional (assisted administration). Benefit coverage for these medications is determined by the method of administration. The following information may impact you depending on how your medications are administered.

- Self-administered medications are covered through the pharmacy benefit. **Effective Dec. 1, 2013**, clotting factors and coagulant blood products for hemophilia and related bleeding disorders will be moved to the Specialty Designated Pharmacy program for our Oxford New York products.¹ **If you self-administer these medications, you will need to fill your prescription through a Specialty Designated Pharmacy. This means that you may need to change where you fill your prescription.** You may call the toll-free telephone number on the back of your health plan ID card to find a Specialty Designated Pharmacy.
- Preauthorization will continue to be required for members who receive assisted administration of their clotting factors and coagulant blood products in the home setting. Covered services are available under the medical benefit.
- Upon renewal in 2014, we are adding the following additional coverage for clotting factors and coagulant blood products:²
 - Home care benefit: non-emergent administration of these medications in the home setting, when assisted administration is medically necessary and provided by a **participating** Home Health Agency certified or licensed by the appropriate state agency. The number of home visits is determined by the plan's Home Health Care visit limit.
 - Medical benefit: in lieu of the pharmacy benefit, self-administered clotting factors and coagulant blood products received from a **participating** Hemophilia Treatment Center (HTC) when the member is under the care of the HTC.

What is preauthorization and what does it mean?

For certain services, including assisted administration of clotting factors and coagulant blood products, your coverage documents require preauthorization. This means that either you or your provider need to call us in advance so that we can issue a decision about coverage before services are received. Generally, a participating provider will call us for preauthorization on your behalf. If you are using a nonparticipating provider, you are responsible for obtaining the preauthorization. Please refer to your plan documents, which indicate who is responsible for preauthorization.

1. Either you, or your provider, will need to call 1-800-666-1353.
2. We will confirm your eligibility and benefits first.
3. We will determine whether coverage is available. If we need additional information, we will request it from you or your provider. We will let you and your provider know our decision within three business days after we receive the required information.

What services require preauthorization?

<u>Preauthorization Required</u>	<u>Preauthorization Not Required</u>
<ul style="list-style-type: none"> • Assisted administration from a health care professional in the home setting • Care received from HTC, either assisted or self-administered 	<ul style="list-style-type: none"> • When self-administered, and obtained through the Specialty Designated Pharmacy program

(Over please...)

Below is a list of medications* that will be moved to the Specialty Designated Pharmacy program effective Dec. 1, 2013:

Factor VIIa (recombinant)	NovoSeven® RT (coagulation factor VIIa (recombinant))
Factor XIII (plasma-derived)	Corifact™ (factor XIII concentrate (human))
Factor VIII (plasma-derived)	Hemofil M® (antihemophilic factor (human))
	Koâte®-DVI (antihemophilic factor (human))
	Monclate-P® (antihemophilic factor (human))
	Alphanate® (antihemophilic factor (human))
Factor VIII (plasma-derived) / von Willebrand Factor Complex (plasma-derived)	Humate-P® (antihemophilic factor (human))
	Wilate® (antihemophilic factor (human))
	Advate® (antihemophilic factor (recombinant))
Factor VIII (recombinant)	Helixate® FS (antihemophilic factor (recombinant))
	Kogenate® FS (antihemophilic factor (recombinant))
	Recombinate® (antihemophilic factor (recombinant))
	Xyntha® (antihemophilic factor (recombinant))
	AlphaNine® SD (coagulation Factor IX)
Factor IX (plasma-derived)	Bebulin® (factor IX complex)
	Mononine® (coagulation Factor IX)
	Profilnine® SD (factor IX complex)
	BeneFIX® (coagulation factor IX (recombinant))
Factor IX (recombinant)	Rixubis® (coagulation factor IX (recombinant))
Anti-Inhibitor Coagulant Complex (plasma-derived)	FEIBA NF® (anti-inhibitor coagulant complex)
Fibrinogen Concentrate (plasma-derived)	RiaSTAP® (fibrinogen concentrate (human))

* Medications and products are subject to change.

For questions about your benefits, please call Customer Service at the telephone number on your health plan ID card or call 1-800-444-6222. If you are hearing impaired and require assistance, please call our TTY/TDD line at 1-800-201-4875. Please call 1-800-303-6719 for assistance in Chinese, 1-888-201-4746 for assistance in Korean, or the telephone number on your health plan ID card for assistance in English and other languages.

We appreciate the opportunity to serve you and are committed to helping you make the best use of your pharmacy benefit.

Sincerely,



Susan V. Maddux, Pharm.D
Pharmacy Director

1. Oxford HMO products are underwritten by Oxford Health Plans (NY), Inc. Oxford insurance products are underwritten by Oxford Health Insurance, Inc. Administrative services provided by Oxford Health Plans LLC.

2. Rider approved for Oxford Health Plans (NY), Inc. Small Group and Individual plans, pending for Oxford Health Plans (NY), Inc Large Group plans.

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